

## Documentation of Accommodations

Office of Special Education Services

Teacher's Name \_\_\_\_\_

Service Type \_\_\_\_\_

Week of \_\_\_\_\_

Teacher Role ☐ General Education ☐ Special Education

Subject/Period \_\_\_\_\_

<b>Student Name</b>	<b>Level 1</b> <input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Devices <input type="checkbox"/> Projection Devices <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/signed Administration <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Math Manipulatives	<input type="checkbox"/> Calculation Devices <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> <u>Supplemental Aides</u> <input type="checkbox"/> Extra Time <input type="checkbox"/> Large Print <input type="checkbox"/> Dictionary <input type="checkbox"/> Braille	<b>Level 2</b> Requires TEA approval <input type="checkbox"/> Complex Transcribing <input type="checkbox"/> Math Scribe <input type="checkbox"/> Extra Day	<b>Other Instructional Accommodations</b> (Not used in assessments)
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